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Valvular Heart Disease

SURVIVAL AFTER BIOLOGICAL AORTIC ROOT REPLACEMENT WITH A XENOBENTALL: A SINGLE CENTER EXPERIENCE OF 612 CONSECUTIVE PATIENTS

Poster Contributions
Poster Hall B1
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Background: Different factors influencing short- and long- term outcome after aortic root replacement with a xenoroot prosthesis.

Methods: From 01/1999 - 07/2012, 612 consecutive pts (age: 68.2±9) underwent aortic root replacement: 65% for root/ascending aortic aneurysm (R/AsA, age: 68.3±9), 10% for emergent acute type A aortic dissection (ADA age: 68.4±10) and 15% for active infective endocarditis affecting the aortic root (AIE, age: 67.9±9 yrs). 10% suffered miscellaneous lesions mandating root replacement: narrow aortic annulus with fragile or heavily calcified root tissue (N=35) or iatrogenic intraoperative complications (N=25). 22.5% pts had reoperative or redo procedures.

Results: Overall in-house mortality was 14.1%, 8.3% for elective operated pts and 26% for emergent surgery. In-house mortality was 6.5% in R/AsA, ADA: 16.1%, AIE: 34.7%, miscellaneous: 30%. Long-term survival for patients surviving the 1st year was 86% @ 5 and 54% @ 10 yrs (p=0.080). Early mortality for women was 19%, longevity 6 months after surgery was 81.5% in females and 85% in males (p=0.760). Freedom from adverse events like bleeding, stroke or reoperation was 86% @ 5 yrs and 79% @ 10 yrs. Age, reop/redo, diabetes and emergency surgery were highly associated with long- term mortality.

Conclusion: Pts surviving the 1st postoperative year enjoy longevity equivalent to a normal age- and gender matched population. Short-term outcome for women seems inferior, but longevity does not differ 6 month after surgery.